## **Rec'd PCT/PTO** 19 MAY 2005 **10/**535659

PLEASE NOTE: YOU-MUST COMPLETE THE FOLLOWING:

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY	DOCKET	NO.

As a below named inventor, I hereby declare that: my residence post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: \* GLASS STRUCTURE

Check Box If
Appropriate —
For Use Without
Specification
Attached

the exertisation of which	is attached hereto unles	s one of the following boxes	s is checke	:d:
The Specification	was filed on	and was	assigned	
Carial No.	and was amende	ed on		
was filed as PCT	international application	number	on	
	_ and was amended under	r PCT Article 19 on		
(if applicable).				
I hamby state that I	have reviewed and und claims, as amended by	erstand the contents of the any amendment referred to a	above ide	entilied
I acknowledge the dut Code of Federal Regulatio	y to disclose information	material to patentability as o	defined in T	Title 37,
* *	anot beliève the same w	ras ever known or used in the	e United S	tates of
America before my or our in any country before my or that the same was not in properties that the same was not in properties to this application, inventor's certificate issued States of America on an aptwelve months (six months or inventor's certificate on of America prior to this application).	invention thereof, or pate our invention thereof, or ublic use or on sale in the that the invention has I before the date of this a pplication filed by me or for designs) prior to this this invention has been f plication by me or my leg	r more than one year prior to e United States of America mont been patented or made pplication in any country for my legal representatives or application, and that no application any country foreign to gal representatives or assigns. Title 35, United States Code,	o this appl nore than of the subject reign to the assigns mo- olication for the United except as	ication, one year et of an United ore than r patent d States follows:
Prior Foreign Application(s)	)		Priority	Claimed
202 18 215.0 (Number)	Germany (Country)	11/22/2002 (Month/Day/Year Filed)	Yes	No
·			. 🔲 Yes	□ No
(Number)	(Country)	(Month/Day/Year Filed)		
	(Country)	(Month/Day/Year Filed)	. 🔲 Yes	□ No
(Number)	(Country)	(Monthly Day) 1 cm 2 mos,	. 🗖	
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
(Number)	(0)		. 🗆	
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
All Ession Applications	s, if any, for any Patent	or Inventor's Certificate Fil ing Date of This Application	led More 7 n:	Than 12
Country	Application		ing (Month/D	ay/Year)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status - patented, pending, abandoned)

(Application Serial No.)

BEST AVAILABLE COPY (Status — patented, pending, abandoned)

\*NOTE- Must be completed

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

## Vincent L. Ramik - Registration No. 20,663

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

Send Correspondence to: DILLER, RAMIK & WIGHT, P.C.

**Merrion Square Suite 101** 7345 McWhorter Place Annandale, Virginia 22003 Telephone (703) 642-5705

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		*DATE	
Inventor. Insert Name of Inventor Insert Date This	Karl-Otto PLATZ				
Document Is Signed Insert Residence	RESIDENCE (City, State & Country)		CITIZENSHIP		
Insert Citizenship	51674 <u>Wiehl-Bomig,</u> Germany DEX German				
insert Post Office Address	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)				
	Auf den Puehlen 5. 51674 Wiehl-Bomig, Germany GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE DATE				
Full Name of Second Inventor, if any:	GIVEN NAME FAMILY NAME	HATELALOU 2 SIGNATIONE			
see above		L	CITIZENSHIP		
	RESIDENCE (City, State & Country)				
			L	·	
150 m	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)				
teraul:		INIVENTORIC CIONATURE		*DATE	
Full Name of Third Inventor, if any:	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		J 2	
see above		<u></u>			
	RESIDENCE (City, State & Country)		CITIZENSHIP		
	POST OFFICE ADDRESS (Complete Street Address including C	ity, State & Country)			
Full Name of Fourth	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE	
Inventor, if any:					
	RESIDENCE (City, State & Country)	<u> </u>	CITIZENSHIP		
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)				
	,				
Full Name of Fifth	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE	
inventor, if any:	GIVE I TOTAL			l	
see above		<u> </u>	CITIZENSHIP	L	
	RESIDENCE (City, State & Country)		J25.45.111		
*Note: Must be completed — date this document is			A	= 00m//	
signed.	POST OFFICE ADDRESS (Complete Street Address including C	City. State & Country)	T AVAILABLI	e copy	
Page 2 of 2		-			